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Innovative Thinking

P.O. Box 757, Gilbert AZ 85299

Work Voice: 480.507.9900

Fax: 480.507.9901

Home Voice:

Email: LonSafko@LonSafko.com

To: Jungwon Chang

Company: UPSTO

Fax: 15712738300

Work Voice:

Home Voice:

From: Lon Safko

Date: Mar 25, 2006

Time: 02:30 PM

Number of pages, including cover: 3

Notes:

THANK YOU!

Lon

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Mar 25, 2006, at 02:30:37 PM



Lon Safko



480.507.9901

Sat, Mar 25, 2006 2:30 PM

Subject: Amended Abstract Submittal

Date: Saturday, March 25, 2006 2:28 PM

From: Lon S. Safko <lonsafko@lonsafko.com>

To: Jungwon Chang <Jungwon.Chang@USPTO.gov>

Cc: 'LT Tang' <ltang@papermodelsinc.com>

Conversation: Amended Abstract Submittal

Hello Jungwon,

I have attached the signed "Revocation Of Power Of Attorney" as you requested. Please let me know what the next step is.

Thank you again very much!

Lon

The attachment below is the form to revoke the power of attorney. Please fill out the form and fax it to **571-273-8300**.

Jungwon Chang



Mar 25, 2006, at 02:30:38 PM



Lon Safko



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PTO/SB/92 (31-06)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/665,368
	Filing Date	September 19, 2000
	First Named Inventor	Lon S. Safko
	Art Unit	2154
	Examiner Name	Jungwon Chang
	Attorney Docket Number	1173.001

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lon S. Safko		
Address	2036 East Catamaran Drive		
City	Gilbert	State	AZ
		Zip	85234
Country	United States		
Telephone	480.507.9900	Email	LonSafko@LonSafko.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Lon S. Safko		
Date	March 25, 2000	Telephone	480.507.9900

NOTE: Signatures of all the inventors or assignees (if record of the entire interest or their representatives) are required. Submit multiple forms if more than one signature is required, see below.

☒ *True of _____, unless otherwise indicated.

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